



# Substantiation of Value Showing

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|--|---|
| Insured's Name:                                  |   |
| Name of Horse:                                   | Date of Birth:                              |
| Sire / Dam:                                      |   |
| Trainer & Location:                              |   |
| Cost of Training Per Month (Excluding Boarding): | Total Number of Months in Training To Date: |

**Show Information for Prior 12 Months**

| Name of Show & Rating | Date | Name of Class or Division | Number of Entries | Placing |
|-----------------------|------|---------------------------|-------------------|---------|
|                       |      |                           |                   |         |
|                       |      |                           |                   |         |
|                       |      |                           |                   |         |
|                       |      |                           |                   |         |
|                       |      |                           |                   |         |
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**Additional Information / Comments to Support Value**

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I, the undersigned, declare that to the best of my knowledge and belief the above statements are true and complete and that I have not withheld any material information. I further declare that no insurer has declined or refused to renew my bloodstock insurance, and that there are no other circumstances within my knowledge not already disclosed which might affect the proposed insurance.

|         |       |
|---------|-------|
| Signed: | Date: |
|---------|-------|